

BROOKLINE POLICE DEPARTMENT

Brookline Massachusetts

ANDREW LIPSON
CHIEF OF POLICE

Jessie Gomez,

Pursuant to your November 27, 2018 public records request: *“Any and all incident reports at 160 Washington Street, Brookline, MA 02445 from July 1st, 2018 to the date of this request...”* attached are copies of the records that list the requested address during the requested timeframe. These records are redacted to withhold information in the report that identifies or tends to identify any non-police officer, civilian individuals and witnesses who were involved in the referenced incident pursuant to exemptions (c) and (f) of the public records law. This information is withheld from disclosure because disclosure is likely to compromise both the privacy of these individuals and effective law enforcement. Bougas v. Chief of Police of Lexington, 371 Mass. 59, 62 (1976); see also United States Department of Justice v. Landano, 113 S. Ct. 2014, 2020 (1993) (discussion of confidential sources of information under the federal Freedom of Information Act.); Globe Newspaper Co. v. Boston Retirement Bd., 388 Mass. 427, 438 (1983) (explanation of “identifying details” and “grave risk of indirect identification”).

There are no charges for this request, all materials are being provided electronically and time spent to review and redact the materials was less than 2 hours. At this time this request is considered closed.

You have the right to appeal this determination to the supervisor of records pursuant to G.L. c.66, §10A(a) and the right to seek judicial review of an unfavorable decision by commencing a civil action in superior court under G.L. c.66, §10A(c).

Deputy Superintendent Myles Murphy
Brookline Police Department
Records/Traffic Division Commander



Public Safety Building 350 Washington Street, Brookline, Massachusetts 02445
Telephone (617) 730-2249 ♦ Facsimile (617) 730-8454

Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Date of Crash 09/12/2018	Time of Crash 1348 24HR	City/Town BRL
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Number Vehicles 001	Number Injured 001	Speed Limit 025	State Police Local Police MBTA Police Other
Latitude Longitude		Latitude Longitude	Latitude Longitude

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

9

02

10

02

11

03

Route# Direction Name of Roadway/Street
At

9 W 000160 WASHINGTON ST (LOT ON BOYL
Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

Feet N S E W of Mile Marker or
Feet N S E W of Exit Number

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Route# Intersecting Roadway/Street
Landmark

Please Select One of the Following:

 Vehicle 1 01# Occupants Hit/Run Moped

Case No. 2018-0003970(A)

License # [REDACTED] St MA DOB/Age [REDACTED]
Sex M Lic. Class D 18 18 Lic. Restrictions 02 CDL NO
Endorsement

Reg # 4BV542 Reg Type _____ Reg State MA

Veh Year 2011 Veh Make NISS Veh Config. 01

Operator TRAFICANTE MARIO C
Last First Middle

Owner TRAFICANTE MARIO C
Last First Middle

Address [REDACTED]

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

Insurance Company PLYMOUTH ROCK ASSURANCE

Vehicle Action Prior to Crash 03 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Event Sequence 97 22 22 22 22

Citation # (If Issued) T1120781

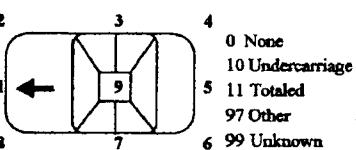
Most Harmful Event 97

Viol. 1: Ch/Sec/Sub A VII S 6 Viol. 2: Ch/Sec/Sub

Driver Contributing Code 06 19

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Underride/Override 25 Towed N



Please fill out for operator and all occupants involved

Name (Last First Middle) Address

Age/DOB Sex 26 27 28 29 30 31 32 33
99 04 99 0 0 05 01

Operator

See Above

Seat Pos. Safety System Status Switch Eject Code Imp Code Injury Status Transp. Code Medical Facility

13

97

Please Select One of the Following:

 Vehicle 2 00# Occupants Non-Motorist A Type

Reg # _____ Reg Type _____ Reg State _____

License # [REDACTED] St [REDACTED] DOB/Age [REDACTED]
Sex M Lic. Class D 18 18 Lic. Restrictions 10 CDL NO
Endorsement

Veh Year _____ Veh Make _____ Veh Config. 20

Operator STEPHENSON TIMOTHY

Owner _____

Address 350 WASHINGTON ST

Address _____

City BROOKLINE State MA Zip 02446

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Event Sequence 22 22 22 22

Citation # (If Issued) _____

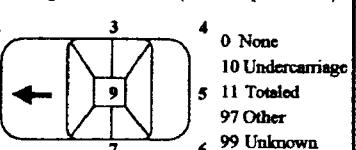
Most Harmful Event 23

Violation 1: Ch Sec Violation 2: Ch Sec

Driver Contributing Code 24 24

Violation 3: Ch Sec Violation 4: Ch Sec

Underride/Override 25 Towed _____



Please fill out for operator and all occupants involved

Name (Last First Middle) Address

Age/DOB Sex 26 27 28 29 30 31 32 33
99 04 99 0 0 05 01

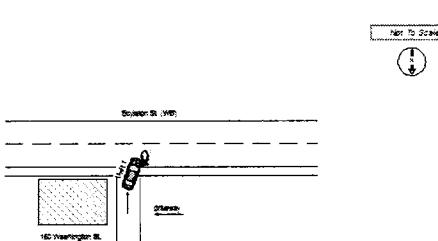
Operator/Non-Motorist

See Above

Seat Pos. Safety System Status Switch Eject Code Imp Code Injury Status Transp. Code Medical Facility

STEPHENSON, TIMOTHY 350 WASHINGTON ST

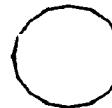
02 02 BETH ISRA



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

The operator of V1 stated he was stopped at the top of the driveway for 160 Washington St., waiting for traffic to clear and then pull onto Boylston St. westbound. The operator of V1 stated he was looking to the left at the traffic on Boylston St. and did not observe the Detail Police Officer standing on Boylston St. to the right of V1. V1 then began to turn right onto Boylston St. and struck the Policed Officer. The Police Officer stated he observed V1 waiting to pull onto Boylston St. and stepped into the right lane to assist V1 exiting the parking lot. The Police Officer stated he was located to the right side of V1 while directing traffic when V1 began to turn onto Boylston St. and struck him. The witness, (Campbell), stated she observed the Police Officer directing traffic in the right lane of Boylston St. and V1 began to exit the parking lot. V1 turned to sharp to the right and struck the Police Officer. The witness, (DiGarcia), stated she was traveling westbound on Boylston St. and observed the Detail Police Officer in the right lane directing traffic. The witness stated she slowed to stop for the Police Officer and observed V1 pull out of the driveway onto Boylston St. and strike the Policed Officer.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
CAMPBELL, KELLY			YES
DICARCIA, ANN			YES

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

KEAVENY, BRIAN EDWARD

88739

BROOKLINE POLICE DEPARTMENT

09/12/2018

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



BROOKLINE POLICE DEPARTMENT

INCIDENT REPORT

Case No. 2018-0004010A

Supp No. 000

r7. Incident LARCENY BY FALSE PRETENCE					r8. Cnts 1	r9. Specialized Type NOT APPLICABLE	r10. Reported Date 09/14/2018	r11. Time 15:41	r12. Day FRI
							r13. Occrd From Date 09/14/2018	r14. Time 16:01	r15. Day FRI
							r16. Occrd To Date 09/14/2018	r17. Time 16:01	r18. Day FRI

r20. Location of Occurrence NEW ENGLAND TREATMENT ACCESS <160 WASHINGTON ST>					r24. City BROOKLINE	r25. Type of Premise	
r21. Reporting Person					r22. Phone	r27. How Received	r28. Status ACTIVE CASE
r23. Reporting Person Address						r29. Weather	r30. Weapon / Tools

DEFENDANTS

n1. Name Type SUSPECT		n2. Last Name / Business / State of... BENJAMIN			n3. First Name ALGIA		n4. Middle Name	
n5. Race	n6. Sex	n7. Age 31 - 31	n8. Date of Birth	n9. Place of Birth - City, State		n10. Soc Sec No.	n11. Operator's License No.	n12. State
n13. Height	n14. Weight	n15. Build	n16. Complexion	n17. Eyes	n18. Hair	n19. Facial Hair	n20. Marital Status	

n27. Residence Address 1 [REDACTED]								n28. Phone
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INVOLVED PERSONS

n1. Name Type REPORTING PERSON		n2. Last Name / Business / State of... FRENCH			n3. First Name LYNNETTE		n4. Middle Name	
n5. Race	n6. Sex	n7. Age	n8. Date of Birth	n9. Place of Birth - City, State		n10. Soc Sec No.	n11. Operator's License No.	n12. State
n13. Height	n14. Weight	n15. Build	n16. Complexion	n17. Eyes	n18. Hair	n19. Facial Hair	n20. Marital Status	
n27. Residence Address 1 160 WASHINGTON ST BROOKLINE MA 02445								n28. Phone

n31. Employer and Address NEW ENGLAND TREATMENT ACCESS					n32. Occupation	n33. Phone
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NARRATIVE

On September 14, 2018 while assigned to the marked 544 unit I was dispatched to 160 Washington St New England Treatment Access (NETA) for a larceny report.

Upon my arrival Lieutenant Raskin was on scene speaking to Ms. Lynnette French, the Director of Dispensary Operations. Ms. French stated that Mr. Algia Benjamin has been a employee at NETA for six months. Ms. French stated that Mr. Benjamin's mother is a patron of NETA. Mr. Benjamin's mother places orders for medical marijuana using the NETA online application. Mr. Benjamin picks up the order, but has been applying his employee discount to his mother's medical marijuana purchases. Ms. French stated that the employee discount is for employees only - for their personal medical marijuana purchases - not friends or family. Ms. French advised all NETA employees have been made aware of this policy.

Ms. French advised Mr. Benjamin has applied the employee discount to his mother's account approximately 15 times. Ms. French stated that she estimates that Mr. Benjamin has applied \$800.00 dollars in discounts towards his mother's NETA account.

Ms. French doesn't want to pursue any form of criminal complaint against Mr. Benjamin. However, Ms. French stated she wanted to document the issue with police. Ms. French will be filing an informational report with the Department of Public Health and with the Town

f1. Submitted By Officer, I.D. JENNINGS, JOHN FRANCIS	f2. Approving Officer's Name, I.D. 10296 MCCARTHY, MICHAEL JOHN	Page 42750 1
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BROOKLINE POLICE DEPARTMENT INCIDENT REPORT**CONTINUATION PAGE**c1. Case No.
2018-0004010Ac2. Supp No.
000c10. Reported Date
09/14/2018c11. Time
15:41**NARRATIVE**

of Brookline. NETA plans on terminating Mr. Benjamin when he arrives for his next scheduled work shift on Monday, September 17, 2018

f1. Submitted By Officer, I.D.
JENNINGS, JOHN FRANCIS

10296

f2. Approving Officer's Name, I.D.
MCCARTHY, MICHAEL JOHN

42750

Page
2 END